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FEC FORM 3

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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: (f typin er the lines.	g, type	12FE4M5	
FRIENDS OF	Tom By	PROVE	- - - - - - - - - - 	<u> </u>	 	
ADDRESS (number and street) Check if different than previously reported. (ACC) Check (ACC) Check if different than previously reported. (ACC)						
2. FEC IDENTIFICATION N	· · · · · · · · · · · · · · · · · · ·	CITY A 3. IS THIS REPORT	NEW (N)		AMENE (A)	ZIP CODE STATE ▼ DISTRICT
4. TYPE OF REPORT (Cr (a) Quarterly Reports: April 15 Quarterly F	Report (Q1)) 12-Day PRE	-Election Repo		General (1	
October 15 Quarte		Election on	T-Election Rep	ort for the		in the State of
Termination Report		Election on	General (30G	r _ -	.,	OR) Special (30S) in the State of
5. Covering Period						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer David H. Pikus						
Signature of Treasurer Date Date Date						
Office Use Only	eous, or incomplete i	nformation may	subject the per	son signing t	his Report to t	FEC FORM 3 (Revised 02/2003)